

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F58842** (8)  
1. Corporation Name  
**COMPONENT FABRICATORS, INC.**



Principal Place of Business <b>1945 SR 18 P.O. BOX 4546 ST. AUGUSTINE FL 32095 US</b>	Mailing Address <b>PO BOX 4546 P.O. BOX 4546 ST. AUGUSTINE FL 32085-1546 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 <b>P.O. Box 2220</b> 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified <b>12/17/1981</b>	
				4. FEI Number <b>59-2145561</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SANDERS, LYNDA S. 3921 BARBARA TER. ST. AUGUSTINE FL 32086</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	SANDERS, LYNDA S.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	3921 BARBARA TER.			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	ST. AUGUSTINE FL			2.1 TITLE		2.2 NAME	
TITLE	VPS	NAME	SANDERS, WM. MARTIN	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS	3921 BARBARA TER.			3.1 TITLE		3.2 NAME	
CITY-ST-ZIP	ST. AUGUSTINE FL			3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	V	NAME	COLLINS, BRYAN L.	4.1 TITLE		4.2 NAME	
STREET ADDRESS	1945 SR 18			4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	ST AUGUSTINE FL			5.1 TITLE		5.2 NAME	
TITLE	V	NAME	SANDERS, CHARLES L. JR.	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS	1945 SR 18			6.1 TITLE		6.2 NAME	
CITY-ST-ZIP	ST AUGUSTINE FL			6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		NAME					
STREET ADDRESS							
CITY-ST-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ 1/29/98 904-829-5216

CR2E034 (10/97)